

**FIRST HAWAIIAN BANK**

**STOP PAYMENT ORDER**

TITLE OF ACCOUNT: <b><u>Comptroller Sub-Account</u></b>				ACCOUNT NUMBER: <b><u>01-088947</u></b>				FUND CODE <u>CONVERSION TABLE</u>																			
CHECK NO.		SERIAL NO.						<table style="margin: auto;"> <tr> <th style="text-align: left;">FUND CODE</th> <th style="text-align: left;">FUND NO.</th> </tr> <tr><td>P</td><td>1</td></tr> <tr><td>W</td><td>2</td></tr> <tr><td>G</td><td>3</td></tr> <tr><td>S</td><td>4</td></tr> <tr><td>B</td><td>5</td></tr> <tr><td>T</td><td>6</td></tr> <tr><td>E</td><td>7</td></tr> <tr><td>U</td><td>8</td></tr> </table>		FUND CODE	FUND NO.	P	1	W	2	G	3	S	4	B	5	T	6	E	7	U	8
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		FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.																						
AMOUNT				0																							
CHECK DATE																											
PAYEE																											
REASON FOR STOP								DATE																			
SIGNATURE OF RESPONSIBLE FISCAL OFFICER					DEPARTMENTAL CONTACT PERSON (PRINT)																						
DEPARTMENT/NAME OF EXPENDING AGENCY								TELEPHONE NO.																			

STOP PAYMENT ORDER  <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div> <p style="text-align: center;">ACCOUNTING DIVISION</p>	DATE SUBMITTED	TIME SUBMITTED
STOP PAYMENT ORDER CANCELLATION  <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div> <p style="text-align: center;">ACCOUNTING DIVISION</p>	DATE SUBMITTED	TIME SUBMITTED

FOR BANK USE ONLY											
<input type="checkbox"/> ENTER STOP PAYMENT <input type="checkbox"/> REMOVE STOP PAYMENT		<table style="width: 100%;"> <tr> <th style="text-align: left;">FY CODE</th> <th style="text-align: left;">STOP EXPIRATION DATE</th> </tr> <tr> <td style="text-align: center;">6</td> <td>June 5, 2007</td> </tr> <tr> <td style="text-align: center;">7</td> <td>June 5, 2008</td> </tr> <tr> <td style="text-align: center;">8</td> <td>June 5, 2009</td> </tr> </table>		FY CODE	STOP EXPIRATION DATE	6	June 5, 2007	7	June 5, 2008	8	June 5, 2009
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<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Entered By</p> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Date</p>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Confirm #</p> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Time</p>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Authorized By</p>									
<input type="checkbox"/> STOP PAYMENT REJECT											
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Reason</p>		<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: center;">Authorized By</p>									